



DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                            |                                                |                                                 |  |
| Date :                                                       | Step #:                                                                                                                                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                | MRB (QSI042) Approval                           |  |
| Description Work Order Deviation                             |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                | Completed By                                    |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                                 |  |
| Root Cause                                                   |                                                                                                                                                                                    | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                            |                                                |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>                                                                                                                                        | Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>       |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>                                                                                                                                                  | Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>     |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>                                                                                                                                              | Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/>   |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>                                                                                                                                                  | Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>         |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>                                                                                                                                                  | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>      |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>                                                                                                                                           | Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>             |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>                                                                                                                                          | Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>                |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>                                                                                                                                                   | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>                                                                                                                                       | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>                |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>                                                                                                                                       | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>       |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/>                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                            |                                                |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>                                                                                                                                                  | OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                            |                                                |                                                 |  |

*Tuesday, April 11, 2017 9:10:25 AM*

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① APR 29 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                     |  |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |                                                                                                                                                     |  |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |                                                                                                                                                     |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>Root Cause</b><br><div style="display: flex; justify-content: space-between;"> <div>           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div>           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  |  | <b>FAULT CATEGORY</b><br><div style="display: flex; justify-content: space-between;"> <div>           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div>           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div>           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div>           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  | OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |

# Work Order ID 159422

Tuesday, April 11, 2017 9:10:25 AM

**\*159422\***

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Item ID: D3712-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
Revision ID: Stop **\*NS2\***  
Item Name: Basket Base Assembly  
Start Date: 4/13/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
Required Date: 4/21/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
Reference: SCHEDULED/C

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 135                            | Pressure Wash per QSI005 4.3                  | 0.00                 |         |        |              |               |               |                  |                |
| <b>*135*</b>                   | HandFinish                                    | 0.57                 |         |        |              |               |               |                  |                |
| Hand Finishing                 | Memo                                          |                      |         |        |              |               |               |                  |                |
| 140                            | White Gloss(Ref:4.3.5.2) per QSI005 4.3-Steel | 0.00                 |         |        |              |               |               |                  |                |
| <b>*140*</b>                   | Powdercoat                                    | 0.95                 |         |        |              |               |               |                  |                |
| Powder Coating                 | Memo                                          |                      |         |        |              |               |               |                  |                |
|                                | START TIME: 2:30.                             |                      |         |        |              |               |               |                  |                |
|                                | OVEN TEMPERATURE: 400°                        |                      |         |        |              |               |               |                  |                |
|                                | FINISH TIME: 3:00.                            |                      |         |        |              |               |               |                  |                |
| 150                            | QC3- Inspect Part Finish                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*150*</b>                   | QC                                            | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                | Memo                                          |                      |         |        |              |               |               |                  |                |

X1 2017/05/10  
BEB

1 17-05-1 DAS 34 9-89

1 17/05/04 DAS 15 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Positioned Wrong     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Outside Dimensions   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Over/Under tolerance |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Incorrect       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Lost/Missing    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Drawing              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Misabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Finish               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Misread              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turning Sequence     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |

# Work Order ID 159422

Tuesday, April 11, 2017 9:10:25 AM

**\*159422\***

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Item ID: D3712-041 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Basket Base Assembly  
 Start Date: 4/13/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 4/21/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference: SCHEDULED/C

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                      | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|-----------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 160                            | Pick Kit                                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*160*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                          | 0.02                 |         |        |              |               |               |                  |                |
| Packaging                      |                                               |                      |         |        |              |               |               |                  |                |
| 170                            | Small Fab                                     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*170*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| Small Fab                      | Memo                                          | 0.54                 |         |        |              |               |               |                  |                |
| Small Fab                      | Assemble as per dwg D3712                     |                      |         |        |              |               |               |                  |                |
| 180                            | QC5- Inspect part completeness to step on W/O | 0.00                 |         |        |              |               |               |                  |                |
| <b>*180*</b>                   |                                               |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                          | 0.02                 |         |        |              |               |               |                  |                |
| Quality Control                |                                               |                      |         |        |              |               |               |                  |                |

DAS

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9-89

APR 29 2017

1x d 2ll 12/05/04

DAS

38

9-89

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|--------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                                                                                    |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                                                                                                    |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Positioned Wrong     |  |                       |                                                                                                                    |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Outside Dimensions   |  |                       |                                                                                                                    |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Over/Under tolerance |  |                       |                                                                                                                    |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Incorrect       |  |                       |                                                                                                                    |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Lost/Missing    |  |                       |                                                                                                                    |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved           |  |                       |                                                                                                                    |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Drawing              |  |                       |                                                                                                                    |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Finish               |  |                       |                                                                                                                    |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Misread              |  |                       |                                                                                                                    |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turning Sequence     |  |                       |                                                                                                                    |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                                                                                                    |  |



# Work Order ID 159422

Tuesday, April 11, 2017 9:10:25 AM

**\*159422\***

Page 5

Item ID: D3712-041

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Basket Base Assembly

Start Date: 4/13/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 4/21/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference: SCHEDULED/C

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

190

Identify as per dwg & Stock Location: 410

0.00

205-344-045 / 13158409

**\*190\***

Packaging

Memo

0.01

Packaging

1x cf 100 4/16/17

200

QC21- Final Inspection - Work Order Release

0.00

**\*200\***

QC

Memo

0.10

Quality Control

17/5/9 28

DAS  
21  
9-03

MAY 08 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td style="border: none;"></td> </tr> </table> |                                             |                                 |                                   |                                              |                                       | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>       | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>          | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Small Fab <input type="checkbox"/>                         | Prod. 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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;">No Re-verification <input type="checkbox"/></td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;">Operator <input type="checkbox"/></td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;">Offset/Setup <input type="checkbox"/></td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;">Supplier <input type="checkbox"/></td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;">Training <input type="checkbox"/></td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;">Use for Testing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;">Poor Information <input type="checkbox"/></td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;">Rushing <input type="checkbox"/></td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;">Product Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;">Process Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;">Manufacturing Process <input type="checkbox"/></td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;">Past Due <input type="checkbox"/></td></tr> </table> |                                                            |                                                                                                                                                                                    |                                               | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | No Re-verification <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/>            | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>   | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>    | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/>   | LOA <input type="checkbox"/>                 | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Pressure/Forced <input type="checkbox"/></td><td style="border: none;">Temperature/Cure <input type="checkbox"/></td><td style="border: none;">Power Loss/Surge <input type="checkbox"/></td><td style="border: none;">Positioned Wrong <input type="checkbox"/></td></tr> <tr><td style="border: none;">Bending <input type="checkbox"/></td><td style="border: none;">Set-up <input type="checkbox"/></td><td style="border: none;">Folio/Program <input type="checkbox"/></td><td style="border: none;">Outside Dimensions <input type="checkbox"/></td></tr> <tr><td style="border: none;">Centre Not Concentric <input type="checkbox"/></td><td style="border: none;">BOM/Route <input type="checkbox"/></td><td style="border: none;">Grain <input type="checkbox"/></td><td style="border: none;">Over/Under tolerance <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cracks <input type="checkbox"/></td><td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td><td style="border: none;">Weld <input type="checkbox"/></td><td style="border: none;">Part Incorrect <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td><td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td><td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td><td style="border: none;">Part Lost/Missing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cuffs <input type="checkbox"/></td><td style="border: none;">Contamination <input type="checkbox"/></td><td style="border: none;">Out of Sequence <input type="checkbox"/></td><td style="border: none;">Part Moved <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crushing <input type="checkbox"/></td><td style="border: none;">Countersink <input type="checkbox"/></td><td style="border: none;">Off-set <input type="checkbox"/></td><td style="border: none;">Drawing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Heat Treat <input type="checkbox"/></td><td style="border: none;">Cut Too Short <input type="checkbox"/></td><td style="border: none;">Mislabeled <input type="checkbox"/></td><td style="border: none;">Finish <input type="checkbox"/></td></tr> <tr><td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td><td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td><td style="border: none;">Fit/Function <input type="checkbox"/></td><td style="border: none;">Misread <input type="checkbox"/></td></tr> <tr><td style="border: none;">Marks/Chatter <input type="checkbox"/></td><td style="border: none;">Drill Holes <input type="checkbox"/></td><td style="border: none;">Misaligned/off center <input type="checkbox"/></td><td style="border: none;">Turning Sequence <input type="checkbox"/></td></tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                                                                                                                                                                                                                                                                        |                                             |                                 |                                   |                                              |                                       |                                        |                                     |                                       |                                      |                                    |                                          |                                             |                                           |                                           |                                    |                                              |                                             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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Manufacturing Process <input type="checkbox"/>             |                                                                                                                                                                                    |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                          | Positioned Wrong <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                             | Outside Dimensions <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                     | Over/Under tolerance <input type="checkbox"/> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                      | Part Incorrect <input type="checkbox"/>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                        | Part Lost/Missing <input type="checkbox"/>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                           | Part Moved <input type="checkbox"/>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                   | Drawing <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                | Finish <input type="checkbox"/>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                              | Misread <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                     | Turning Sequence <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| OTHER :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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# Picklist Print

Tuesday, April 11, 2017 9:10:25 AM

Page 1

Work Order ID: 159422

**\*159422\***

Parent Item: D3712-041

**\*D3712-041\***

Parent Item Name: Basket Base Assembly

Start Date: 4/13/2017

Required Date: 4/21/2017

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A new issue 08-01-30 DD verified by:EC  
IPP Rev:B chg to revB ecn1145 08-03-19 DD verified by:

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|

|         |  |           |  |    |  |     |      |          |   |   |  |  |  |
|---------|--|-----------|--|----|--|-----|------|----------|---|---|--|--|--|
| AN3-11A |  | Purchased |  | No |  | 170 | Each | 398.0000 | 6 | 6 |  |  |  |
|---------|--|-----------|--|----|--|-----|------|----------|---|---|--|--|--|

**\*AN3-11A\***

Bolt

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| over003  | 250     |          |
| 153855   | 150     |          |
| m136192  | 100     |          |
| ST349    | 148     |          |
| 153855   | 148     |          |

\*\*

DAS  
6  
9-89  
APR 29 2017

|         |  |              |  |    |  |     |      |         |   |   |  |  |  |
|---------|--|--------------|--|----|--|-----|------|---------|---|---|--|--|--|
| D2327-3 |  | Manufactured |  | No |  | 100 | Each | 41.0000 | 2 | 2 |  |  |  |
|---------|--|--------------|--|----|--|-----|------|---------|---|---|--|--|--|

**\*D2327-3\***

Spacer Bushing

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 41      |          |
| 148585   | 1       |          |
| 154190   | 40      |          |

\*\*B154190 → 2x

DAS  
43  
9-89  
APR 24 2017

|       |  |              |  |    |  |     |      |         |   |   |  |  |  |
|-------|--|--------------|--|----|--|-----|------|---------|---|---|--|--|--|
| D2581 |  | Manufactured |  | No |  | 100 | Each | 68.0000 | 2 | 2 |  |  |  |
|-------|--|--------------|--|----|--|-----|------|---------|---|---|--|--|--|

**\*D2581\***

Mounting Bracket

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA004    | 68      |          |
| 152803   | 42      |          |
| 157620   | 26      |          |

\*\*B157116 → 2x

DAS  
43  
9-89  
APR 24 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                              |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
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| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                              |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |

# Picklist Print

Tuesday, April 11, 2017 9:10:25 AM

Page 2

Work Order ID: 159422

**\*159422\***

Parent Item: D3712-041

**\*D3712-041\***

Parent Item Name: Basket Base Assembly

Start Date: 4/13/2017

Required Date: 4/21/2017

Start Qty: 1.00

Required Qty: 1.00

D2931 Manufactured No

170 Each 1,372.000 2 2

**\*D2931\***

Bumper

**\*\***

Location Loc Qty Loc Code

ST013 72

86435 72

ST025A 1300

86435 1300

D3166-1 Manufactured No

100 Each 34.0000 5 5

**\*D3166-1\***

Basket Hoop

**\*\***

Location Loc Qty Loc Code

WA004 34

157545 3

158267 20

158768 11

D3725-1 Manufactured No

100 Each 2.0000 2 2

**\*D3725-1\***

Hoop

**\*\***

Location Loc Qty Loc Code

WA004 2

157065 2

D3748-1 Manufactured No

100 Each 10.0000 3 3

**\*D3748-1\***

Hinge Half

**\*\***

Location Loc Qty Loc Code

WA004 10

103063 10

DAS  
6  
9-89

APR 29 2017

DC 2017/04/24

B158768 → 5

DAS  
43  
9-89

APR 24 201

B160178 → 2

DAS  
43  
9-89

APR 24 201

B103063 → 3

Tuesday, April 11, 2017 9:10:25 AM

Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                 |  |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">             Environment <input type="checkbox"/><br/>             Design <input type="checkbox"/><br/>             Doc/Data <input type="checkbox"/><br/>             Equip/Tooling <input type="checkbox"/><br/>             Handling/Pre <input type="checkbox"/><br/>             Material <input type="checkbox"/><br/>             Internal Transport <input type="checkbox"/><br/>             Tribal Knowledge <input type="checkbox"/><br/>             LOA <input type="checkbox"/><br/>             Substation <input type="checkbox"/><br/>             Past Expiry Date <input type="checkbox"/><br/>             Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">             No Re-verification <input type="checkbox"/><br/>             Operator <input type="checkbox"/><br/>             Offset/Setup <input type="checkbox"/><br/>             Supplier <input type="checkbox"/><br/>             Training <input type="checkbox"/><br/>             Use for Testing <input type="checkbox"/><br/>             Poor Information <input type="checkbox"/><br/>             Rushing <input type="checkbox"/><br/>             Product Improvement <input type="checkbox"/><br/>             Process Improvement <input type="checkbox"/><br/>             Manufacturing Process <input type="checkbox"/><br/>             Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">             Pressure/Forced <input type="checkbox"/><br/>             Bending <input type="checkbox"/><br/>             Centre Not Concentric <input type="checkbox"/><br/>             Cracks <input type="checkbox"/><br/>             Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>             Cuffs <input type="checkbox"/><br/>             Crushing <input type="checkbox"/><br/>             Heat Treat <input type="checkbox"/><br/>             Wave/Twist in Tube <input type="checkbox"/><br/>             Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">             Temperature/Cure <input type="checkbox"/><br/>             Set-up <input type="checkbox"/><br/>             BOM/Route <input type="checkbox"/><br/>             Broken/Damage/Defect <input type="checkbox"/><br/>             Inspection Incomplete/Unqualified <input type="checkbox"/><br/>             Contamination <input type="checkbox"/><br/>             Countersink <input type="checkbox"/><br/>             Cut Too Short <input type="checkbox"/><br/>             Instructions Incomplete/Unclear <input type="checkbox"/><br/>             Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">             Power Loss/Surge <input type="checkbox"/><br/>             Folio/Program <input type="checkbox"/><br/>             Grain <input type="checkbox"/><br/>             Weld <input type="checkbox"/><br/>             Wrong Stock Pulled <input type="checkbox"/><br/>             Out of Sequence <input type="checkbox"/><br/>             Off-set <input type="checkbox"/><br/>             Mislabeled <input type="checkbox"/><br/>             Fit/Function <input type="checkbox"/><br/>             Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">             Positioned Wrong <input type="checkbox"/><br/>             Outside Dimensions <input type="checkbox"/><br/>             Over/Under tolerance <input type="checkbox"/><br/>             Part Incorrect <input type="checkbox"/><br/>             Part Lost/Missing <input type="checkbox"/><br/>             Part Moved <input type="checkbox"/><br/>             Drawing <input type="checkbox"/><br/>             Finish <input type="checkbox"/><br/>             Misread <input type="checkbox"/><br/>             Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |

# Picklist Print

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Page 3

Work Order ID: 159422

\*159422\*

Parent Item: D3712-041

\*D3712-041\*

Parent Item Name: Basket Base Assembly

Start Date: 4/13/2017

Required Date: 4/21/2017

Start Qty: 1.00

Required Qty: 1.00

D3757-1

Manufactured

No

170

Each

8.0000

2

2

\*D3757-1\*

\*\*

Blanking Plate

Location

Loc Qty

Loc Code

ST050

8

129412

4

157066

4

D3759-1

Manufactured

No

110

Each

97.0000

21

21

✓ \*D3759-1\*

Bushing

\*\*B 158784 → 21 DAS 43 APR 24 2017 9-89

Location

Loc Qty

Loc Code

WA004

97

145615

33

149531

28

150800

2

154959

34

M304EX0.75-16F

Purchased

No

170

sf

30.5000

38

40

✓ \*M304FX0 75-16F\*

Expanded Metal Flat SS

\*\*B 137294 → 40 DAS 43 APR 24 2017 9-89

Location

Loc Qty

Loc Code

WA004

30.5

M136991

30.5

M304TS0.750W.065

Purchased

No

100

f

649.9000

42.659

44.90421

✓ \*M304TS0 750W 065\*

304 SQ Tube .75x.75x.065W

\*\* DC 2/17/2017/24

Location

Loc Qty

Loc Code

WA004

649.9

m137065

49.9

m137279

600

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Shop Packet Print

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DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <div style="position: absolute; top: 10px; left: 10px; opacity: 0.5;">             101 1 5 18A           </div>                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FAULT CATEGORY .                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Mislabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



# Picklist Print

Tuesday, April 11, 2017 9:10:25 AM

Page 4

Work Order ID: 159422

**\*159422\***

Parent Item: D3712-041

**\*D3712-041\***

Parent Item Name: Basket Base Assembly

Start Date: 4/13/2017

Required Date: 4/21/2017

Start Qty: 1.00

Required Qty: 1.00

MS20600-AD4W3

Purchased

No

170

Each

220.0000

2

2

DAS

**\*MS20600-AD4W3\***

**\*\***

MAY 01 2017

Cherry Rivet

Location

Loc Qty

Loc Code

ST308

160

m135603

160

WA003

60

m136648

60

100

Each

1,640.000

6

6

DAS

MS21042L3

Purchased

No

**\*MS21042L3\***

**\*\***

MAY 01 2017

Nut

Location

Loc Qty

Loc Code

FP001

100

m135945

100

GA

204

m134360

102

M136665

102

OVER007

800

m134360

0

M136665

300

m137166

500

ST303

536

m137073

536

Tuesday, April 11, 2017 9:10:25 AM

Shop Packet Print

Page 4

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE



QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|--------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|---------------------------------------------|-----------------------------------|---------------------------------------|------------------------------------------------|------------------------------------|--------------------------------|-----------------------------------------------|----------------------------------------|-----------------------------------|---------------------------------|-----------------------------------------------|-------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------------------------------|---------------------------------------------|--------------------------------------------|-----------------------------------|------------------------------------------|--------------------------------|----------------------------------------|------------------------------------------|-------------------------------------|---------------------------------------------|-------------------------------------------|-----------------------------------|--------------------------------------|----------------------------------|----------------------------------|-------------------------------------------|----------------------------------|-------------------------------------|----------------------------------------|-------------------------------------|---------------------------------|------------------------------|----------------------------------------------|---------------------------------------------|----------------------------------------------------------|---------------------------------------|----------------------------------|-------------------------------------|----------------------------------------------|----------------------------------------|--------------------------------------|------------------------------------------------|-------------------------------------------|-------------------------------------------|------------------------------------------------|---------|--|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                             | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                           | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Date :                                                       |                                             | Step #:                                                                                                                                                                            |                                           | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   | MRB (QSI042) Approval                                                                                              |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Description Work Order Deviation                             |                                             |                                                                                                                                                                                    |                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                 |                                   | Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
|                                                              |                                             |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Root Cause                                                   |                                             | FAULT CATEGORY                                                                                                                                                                     |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/>                                                                                   | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Doc/Data <input type="checkbox"/> | Offset/Setup <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Material <input type="checkbox"/> | Use for Testing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | OTHER : |  |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>           |                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                 |                                   |                                                                                                                    |                                 |                                        |                                             |                                   |                                       |                                                |                                    |                                |                                               |                                        |                                   |                                 |                                               |                               |                                         |                                       |                                   |                                                 |                                                            |                                             |                                            |                                   |                                          |                                |                                        |                                          |                                     |                                             |                                           |                                   |                                      |                                  |                                  |                                           |                                  |                                     |                                        |                                     |                                 |                              |                                              |                                             |                                                          |                                       |                                  |                                     |                                              |                                        |                                      |                                                |                                           |                                           |                                                |         |  |  |  |

# Picklist Print

Tuesday, April 11, 2017 9:10:25 AM

Work Order ID: 159422

**\*159422\***

Parent Item: D3712-041

**\*D3712-041\***

Parent Item Name: Basket Base Assembly

Start Date: 4/13/2017

Required Date: 4/21/2017

Start Qty: 1.00

Required Qty: 1.00

NAS1149D0363J

Purchased

No

170

Each

1,086.000

12

12

DAS

3

3.00

**\*NAS1149D0363.J\***

**\*\***

Washer

Location

Loc Qty

Loc Code

GA

54

m134055

54

ST260a

100

m137061

100

ST263

932

m137164

932

12

DAS

3

3.00

MAY 01 2017

NAS1149DN832J

Purchased

No

170

Each

752.0000

2

2

**\*NAS1149DN832.J\***

**\*\***

Washer

Location

Loc Qty

Loc Code

ST264

752

M135297

752

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_

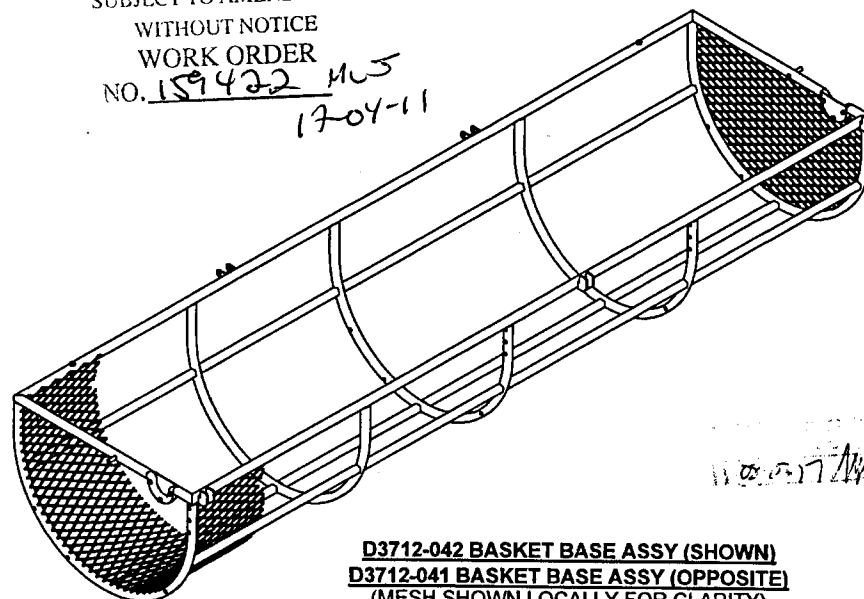
Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date : _____                                                 |                                                | Step #: _____                                                                                                                                                                      |                                                            | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | <input type="checkbox"/> No Re-verification    | <input type="checkbox"/> Pressure/Forced                                                                                                                                           | <input type="checkbox"/> Temperature/Cure                  | <input type="checkbox"/> Power Loss/Surge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Positioned Wrong     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | <input type="checkbox"/> Operator              | <input type="checkbox"/> Bending                                                                                                                                                   | <input type="checkbox"/> Set-up                            | <input type="checkbox"/> Folio/Program                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Outside Dimensions   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | <input type="checkbox"/> Offset/Setup          | <input type="checkbox"/> Centre Not Concentric                                                                                                                                     | <input type="checkbox"/> BOM/Route                         | <input type="checkbox"/> Grain                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Over/Under tolerance |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | <input type="checkbox"/> Supplier              | <input type="checkbox"/> Cracks                                                                                                                                                    | <input type="checkbox"/> Broken/Damage/Defect              | <input type="checkbox"/> Weld                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Part Incorrect       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | <input type="checkbox"/> Training              | <input type="checkbox"/> Crimp/Kink/Ripple/Wave                                                                                                                                    | <input type="checkbox"/> Inspection Incomplete/Unqualified | <input type="checkbox"/> Wrong Stock Pulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> Part Lost/Missing    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | <input type="checkbox"/> Use for Testing       | <input type="checkbox"/> Cuffs                                                                                                                                                     | <input type="checkbox"/> Contamination                     | <input type="checkbox"/> Out of Sequence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Part Moved           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | <input type="checkbox"/> Poor Information      | <input type="checkbox"/> Crushing                                                                                                                                                  | <input type="checkbox"/> Countersink                       | <input type="checkbox"/> Off-set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Drawing              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | <input type="checkbox"/> Rushing               | <input type="checkbox"/> Heat Treat                                                                                                                                                | <input type="checkbox"/> Cut Too Short                     | <input type="checkbox"/> Mislabeled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> Finish               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | <input type="checkbox"/> Product Improvement   | <input type="checkbox"/> Wave/Twist in Tube                                                                                                                                        | <input type="checkbox"/> Instructions Incomplete/Unclear   | <input type="checkbox"/> Fit/Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Misread              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | <input type="checkbox"/> Process Improvement   | <input type="checkbox"/> Marks/Chatter                                                                                                                                             | <input type="checkbox"/> Drill Holes                       | <input type="checkbox"/> Misaligned/off center                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Turning Sequence     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | <input type="checkbox"/> Manufacturing Process | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | <input type="checkbox"/> Past Due              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |

| QTY<br>-041 | QTY<br>-042 | PART NUMBER  | DESCRIPTION          |
|-------------|-------------|--------------|----------------------|
| X           |             | D3712-041    | BASKET BASE ASSEMBLY |
|             | X           | D3712-042    | BASKET BASE ASSEMBLY |
| 2           | 2           | D2327-3      | SPACER BUSHING       |
| 2           | 2           | D2581        | MOUNTING BRACKET     |
| 2           | 2           | D2931        | BUMPER               |
| 2           | 2           | D3725-1      | HOOP                 |
| 2           | 2           | D3726-1      | RIB                  |
| 2           | 2           | D3727-1      | RIB                  |
| 2           | 2           | D3734-1      | RIB                  |
| 5           | 5           | D3735-1      | RIB                  |
| 1           | 1           | D3735-3      | RIB                  |
| 3           | 3           | D3739-1      | RIB                  |
| 3           | 3           | D3740-1      | RIB                  |
| 1           | 1           | D3744-1      | MESH                 |
| 1           | 1           | D3746-1      | RIB                  |
| 1           | 1           | D3746-3      | RIB                  |
| 2           | 2           | D3746-5      | RIB                  |
| 1           | 1           | D3746-7      | RIB                  |
| 3           | 3           | D3748-1      | HINGE HALF           |
| 2           | 2           | D3757-1      | BLANKING PLATE       |
| 21          | 21          | D3759-1      | BUSHING              |
| 6           | 6           | AN3-11A      | BOLT                 |
| 2           | 2           | AN960JD8     | WASHER               |
| 12          | 12          | AN960JD10    | WASHER               |
| 2           | 2           | MS20600AD4W3 | RIVET                |
| 6           | 6           | MS21042L3    | NUT                  |

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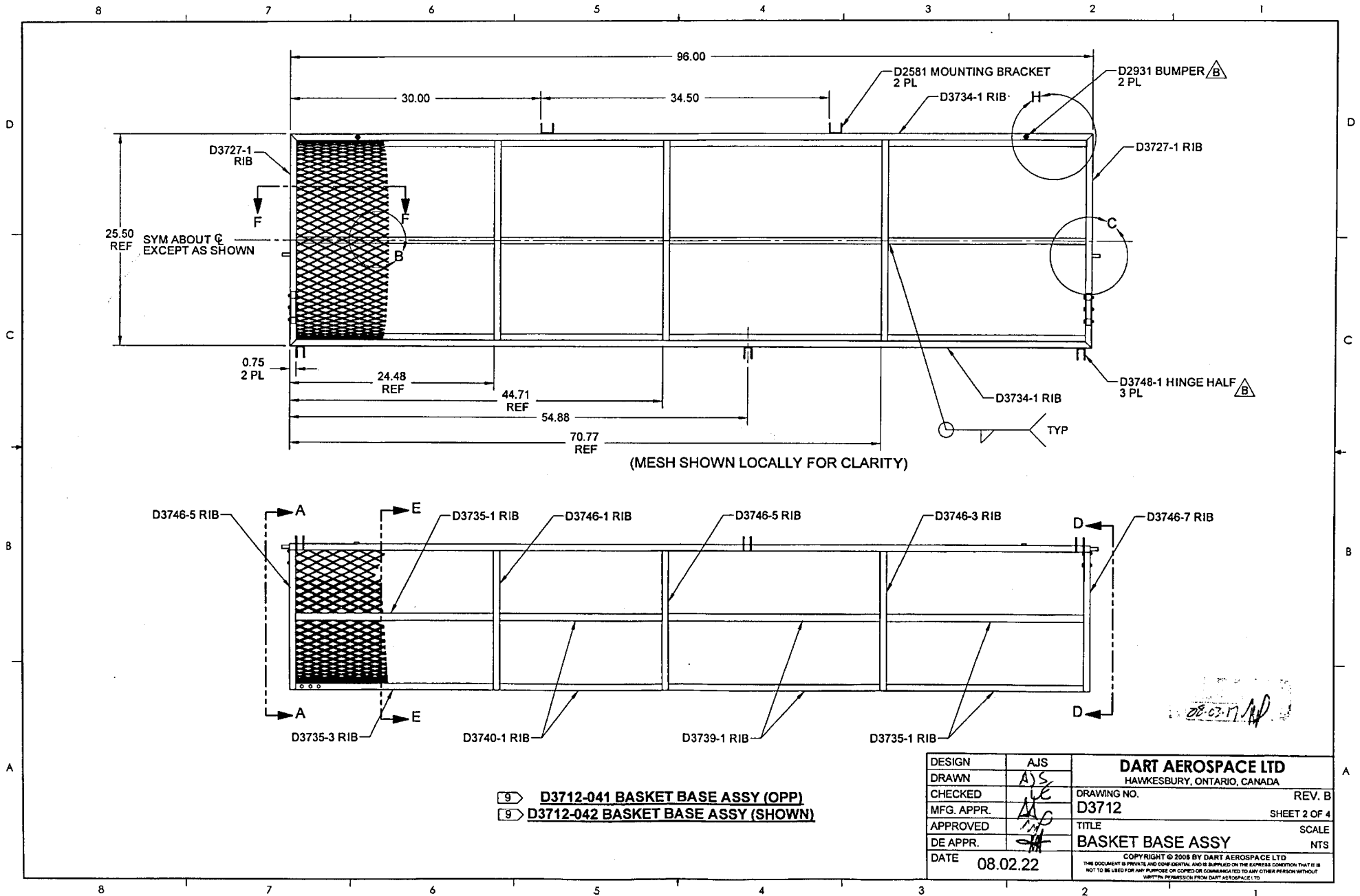


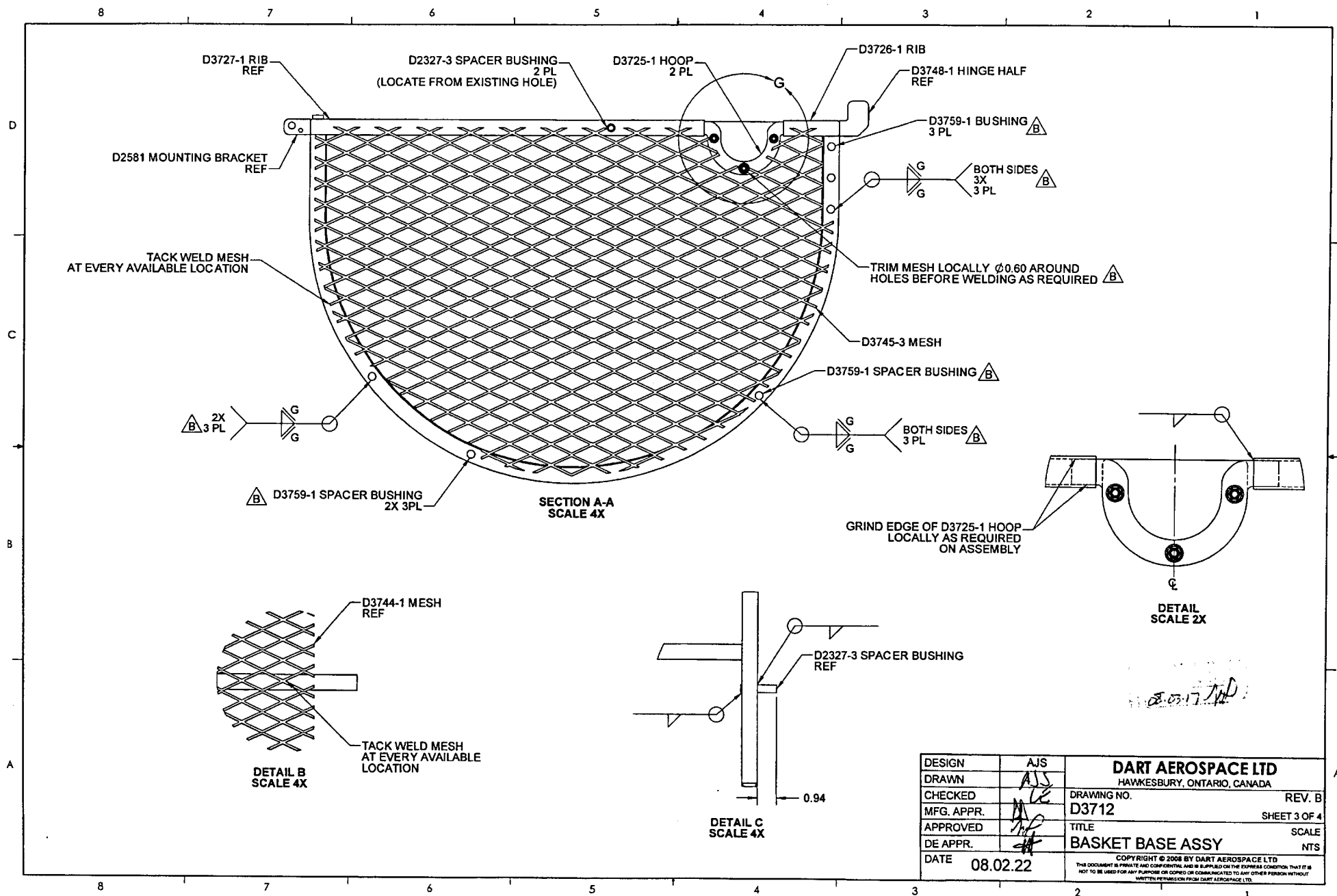
**D3712-042 BASKET BASE ASSY (SHOWN)**  
**D3712-041 BASKET BASE ASSY (OPPOSITE)**  
(MESH SHOWN LOCALLY FOR CLARITY)

**NOTES:**

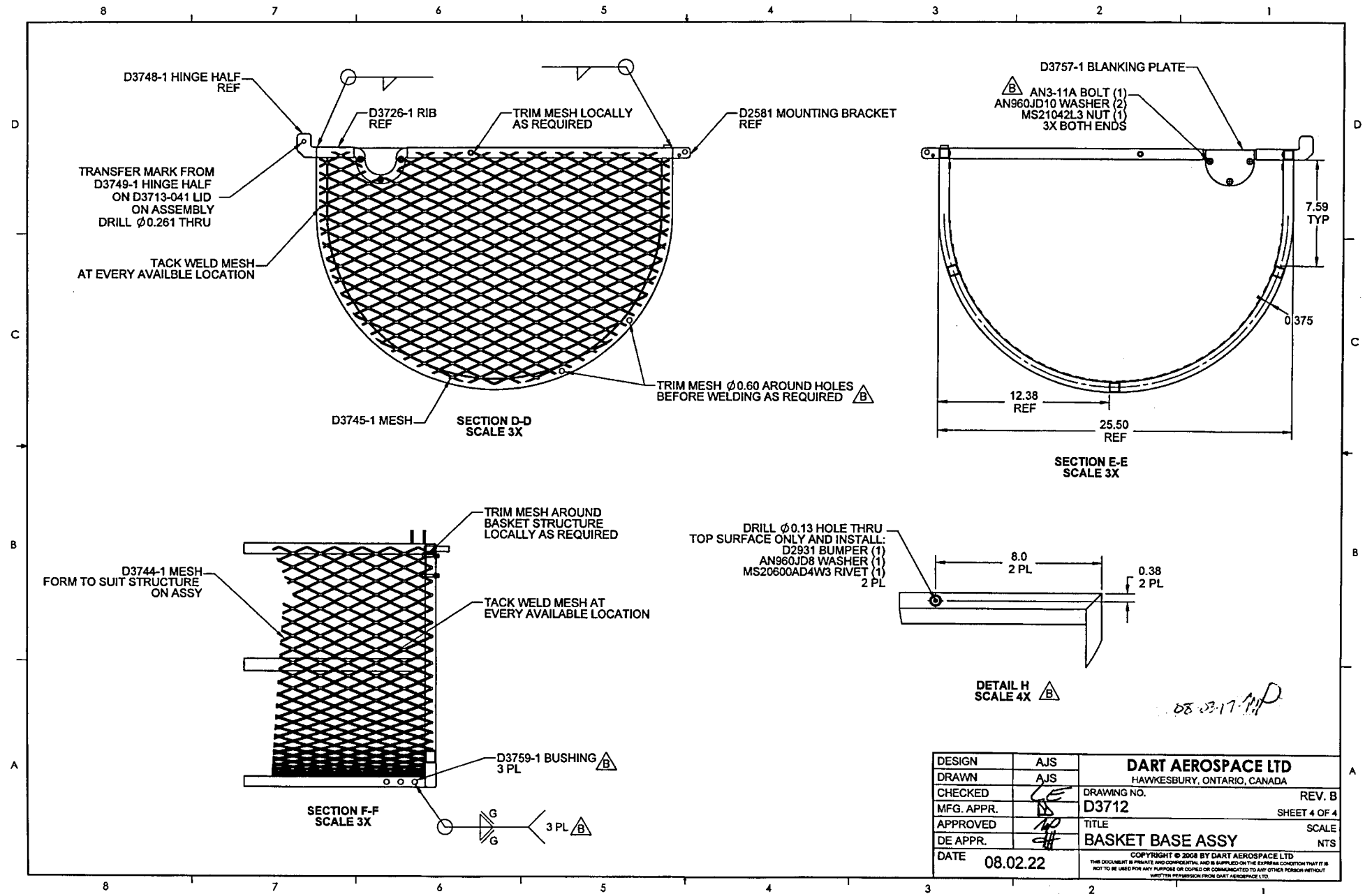
- 1) MATERIAL: NONE
- 2) FINISH: POWDER COAT GLOSS WHITE (4.3.5.2) PER DART QSI 005 4.3
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: N/A
- 8) WELDING: PER DART QSI 004
- 9) MASK ALL HOLES PRIOR TO POWDER COATING.

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                    |                                                                                                                               |     |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----|--------------|
| B                                                                                                                                                                                                                                                                        | ADDED-041 ASSEMBLY. WEIGHT WAS 41.60 LBS. ADDED D2931 BUMPER & HARDWARE & D3759-1 BUSHINGS. SHEET 2 ZONE C2 QTY FOR D3748-1 WAS 2. SHEET 4 ADDED DETAIL H. SHEET 3 ZONE C3 & SHEET 4 ZONE C4. ADDED MESH TRIMMING INSTRUCTIONS. SHEET 4 ZONE D2 AN3-11A BOLT WAS AN3-10A P/L. UPDATED ACCORDINGLY. |                                                                                                                               | AJS | 08.02.22     |
| A                                                                                                                                                                                                                                                                        | NEW ISSUE                                                                                                                                                                                                                                                                                          |                                                                                                                               | AJS | 08.01.29     |
| REV.                                                                                                                                                                                                                                                                     | DESCRIPTION                                                                                                                                                                                                                                                                                        |                                                                                                                               | BY  | DATE         |
| DESIGN                                                                                                                                                                                                                                                                   | AJS                                                                                                                                                                                                                                                                                                | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br><br>DRAWING NO. <b>D3712</b><br><br>TITLE <b>BASKET BASE ASSY</b> |     |              |
| DRAWN                                                                                                                                                                                                                                                                    | AJS                                                                                                                                                                                                                                                                                                |                                                                                                                               |     |              |
| CHECKED                                                                                                                                                                                                                                                                  | CE                                                                                                                                                                                                                                                                                                 |                                                                                                                               |     |              |
| MFG. APPR.                                                                                                                                                                                                                                                               | DS                                                                                                                                                                                                                                                                                                 |                                                                                                                               |     | REV. B       |
| APPROVED                                                                                                                                                                                                                                                                 | JP                                                                                                                                                                                                                                                                                                 |                                                                                                                               |     | SHEET 1 OF 4 |
| DE APPR.                                                                                                                                                                                                                                                                 | JP                                                                                                                                                                                                                                                                                                 |                                                                                                                               |     | SCALE        |
| DATE                                                                                                                                                                                                                                                                     | 08.02.22                                                                                                                                                                                                                                                                                           |                                                                                                                               |     | NTS          |
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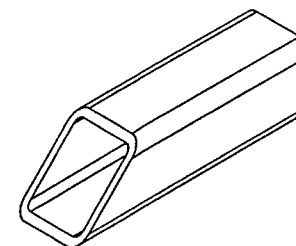
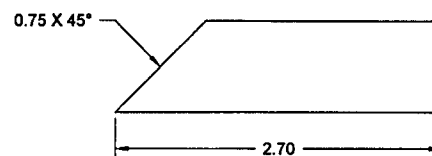
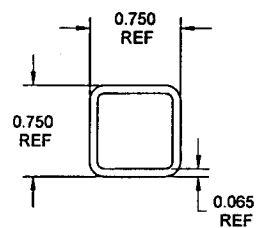




|                                                                                                                                                                                                                                |          |                                        |              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------|--------------|
| DESIGN                                                                                                                                                                                                                         | AJS      | <b>DART AEROSPACE LTD</b>              |              |
| DRAWN                                                                                                                                                                                                                          | AJS      | HAWKESBURY, ONTARIO, CANADA            |              |
| CHECKED                                                                                                                                                                                                                        | AL       | DRAWING NO.                            | REV. B       |
| MFG. APPR.                                                                                                                                                                                                                     | MA       | D3712                                  | SHEET 3 OF 4 |
| APPROVED                                                                                                                                                                                                                       | MA       | TITLE                                  | SCALE        |
| DE APPR.                                                                                                                                                                                                                       | MA       | BASKET BASE ASSY                       | NTS          |
| DATE                                                                                                                                                                                                                           | 08.02.22 | COPYRIGHT © 2008 BY DART AEROSPACE LTD |              |
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**D3726-1 RIB**

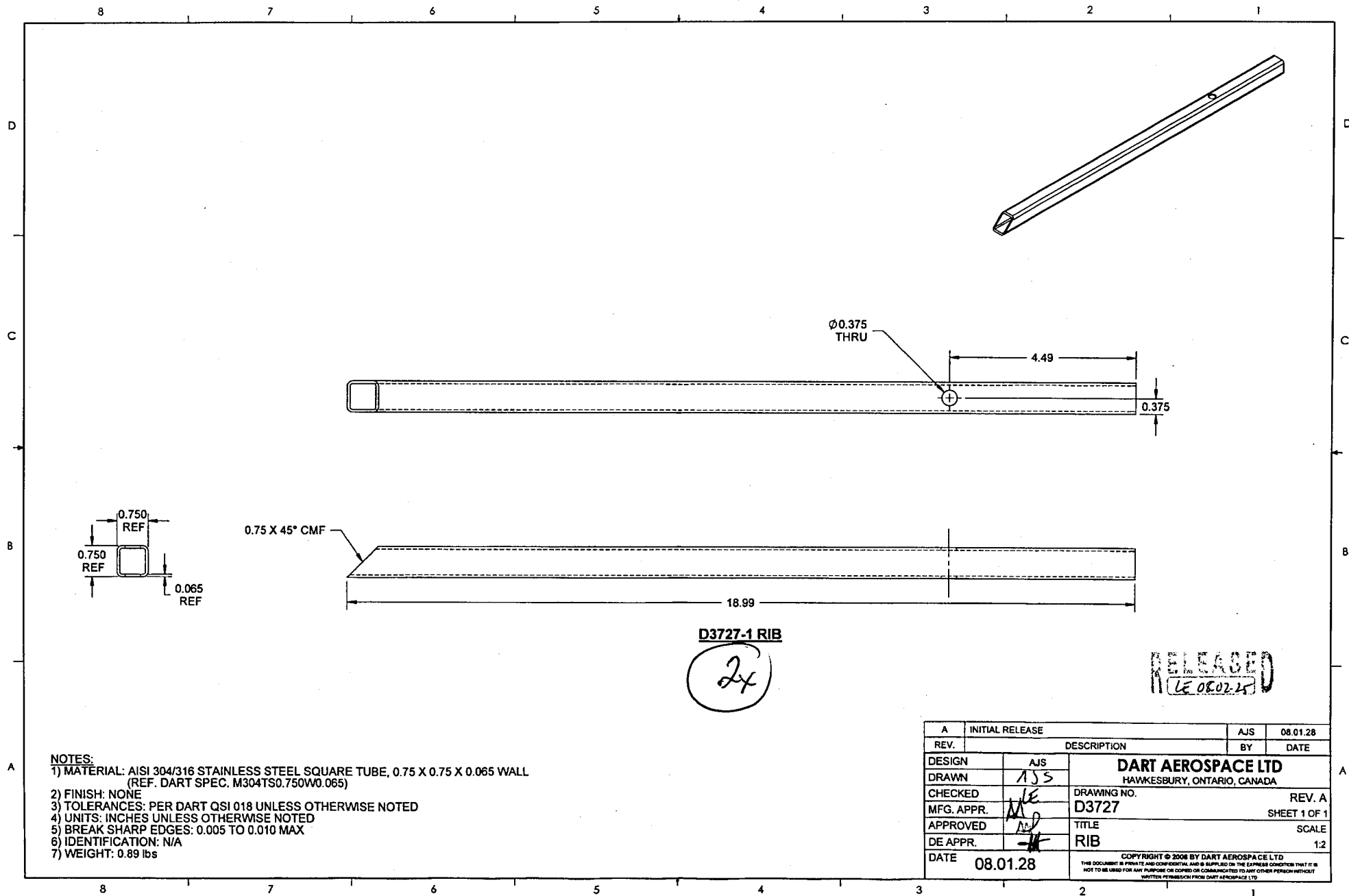
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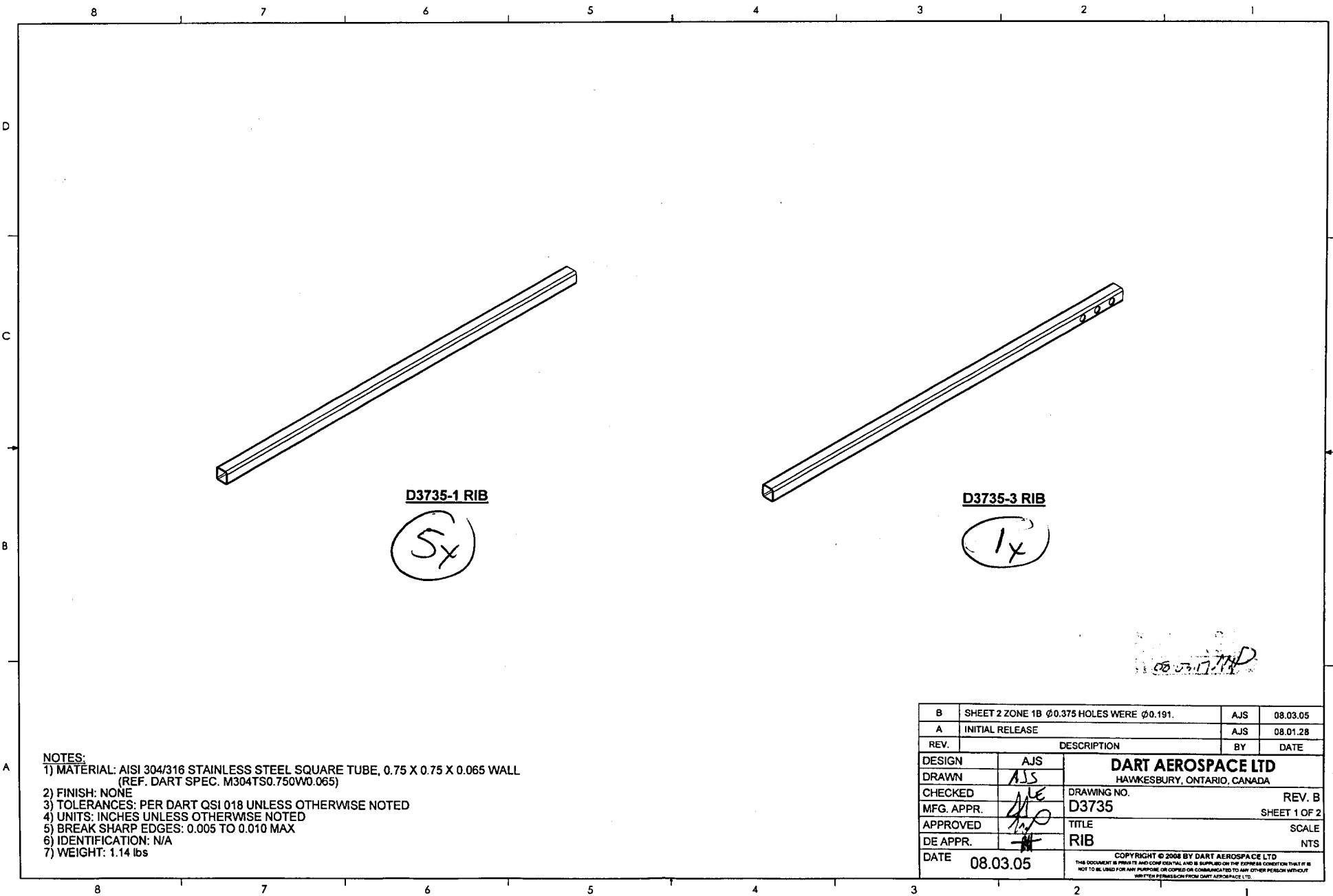
**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL (REF. DART SPEC. M304TS0.750W0.065)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.11 lbs

| A INITIAL RELEASE |             | AJS                                                                                                                                                                                                                                                                                                 | 08.01.28 |
|-------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| REV.              | DESCRIPTION |                                                                                                                                                                                                                                                                                                     | BY DATE  |
| DESIGN            | AJS         | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>D3726</b><br>TITLE <b>RIB</b><br>REV. A<br>SHEET 1 OF 1<br>SCALE 1:1                                                                                                                                                     |          |
| DRAWN             | AJS         |                                                                                                                                                                                                                                                                                                     |          |
| CHECKED           | ME          |                                                                                                                                                                                                                                                                                                     |          |
| MFG. APPR.        | ME          |                                                                                                                                                                                                                                                                                                     |          |
| APPROVED          | ME          |                                                                                                                                                                                                                                                                                                     |          |
| DE APPR.          | ME          | DATE <b>08.01.28</b>                                                                                                                                                                                                                                                                                |          |
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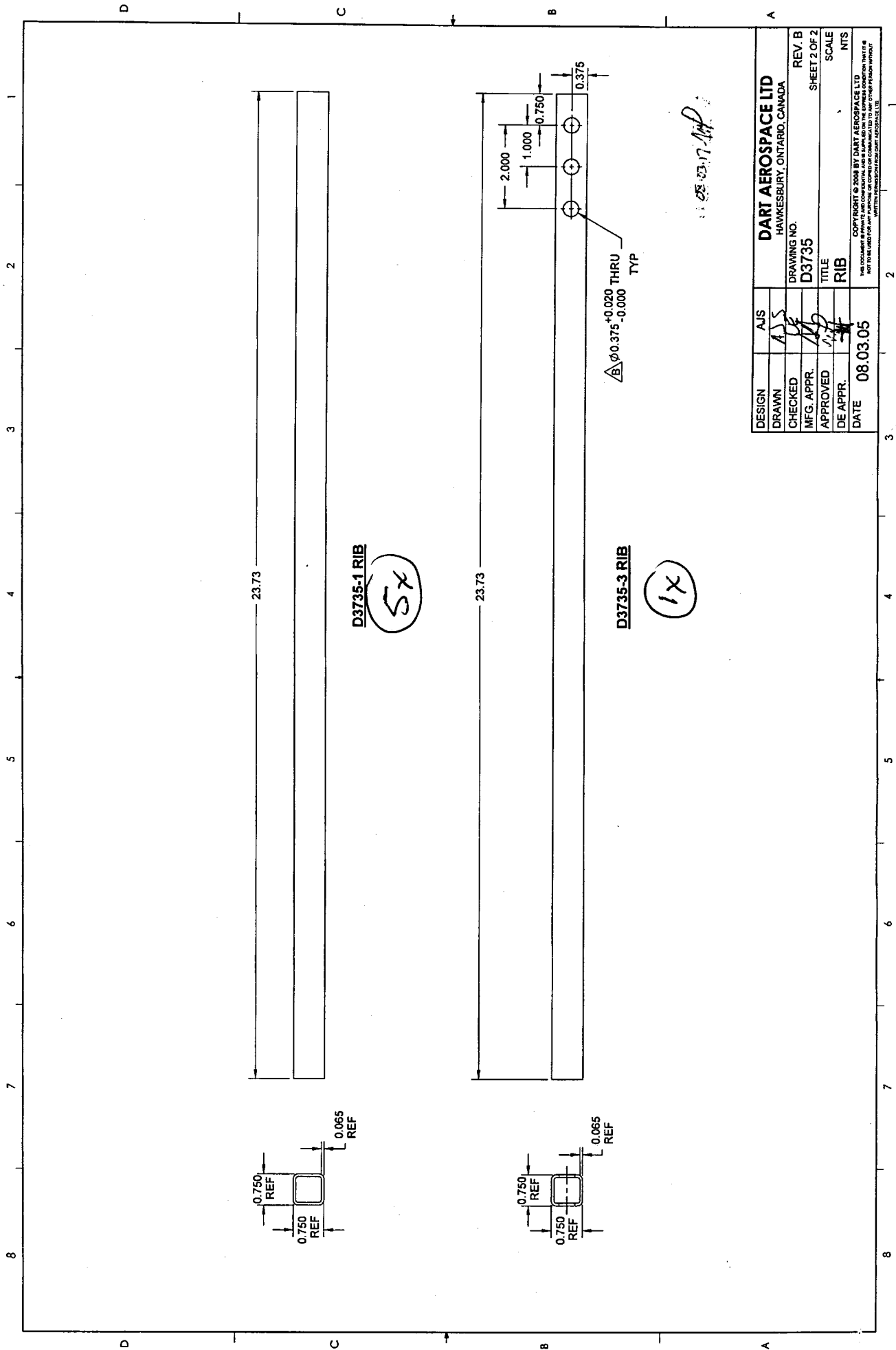
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|------------|--|-----------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|------|
| A          |  | INITIAL RELEASE |  | AJS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    | 08.01.28 |      |
| REV.       |  | DESCRIPTION     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BY |          | DATE |
| DESIGN     |  | AJS             |  | <div>DART AEROSPACE LTD</div> <div>HAWKESBURY, ONTARIO, CANADA</div> <div>DRAWING NO. D3727</div> <div>TITLE RIB</div> <div>REV. A</div> <div>SHEET 1 OF 1</div> <div>SCALE 1:2</div> <div>COPYRIGHT © 2008 BY DART AEROSPACE LTD</div> <div><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small></div> |    |          |      |
| DRAWN      |  | AJS             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |
| CHECKED    |  | ME              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |
| MFG. APPR. |  | MFG             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |
| APPROVED   |  | APR             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |
| DE APPR.   |  | AJS             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |
| DATE       |  | 08.01.28        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |    |          |      |

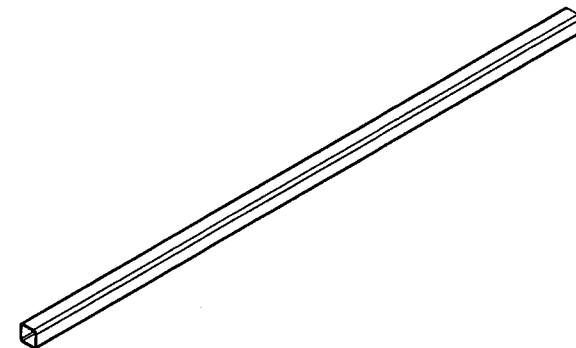
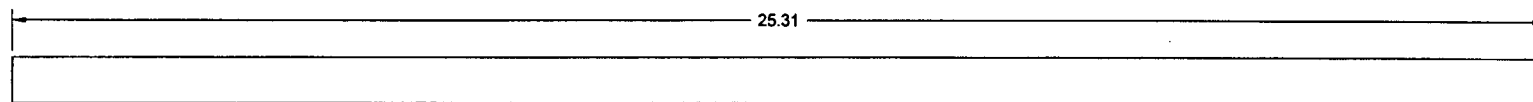
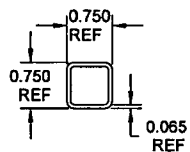


**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL  
(REF. DART SPEC. M304TS0.750W0.065)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.14 lbs

| B                 | SHEET 2 ZONE 1B Ø0.375 HOLES WERE Ø0.191. | AJS                                                                                                                                                                                                                                                                        | 08.03.05     |
|-------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A                 | INITIAL RELEASE                           | AJS                                                                                                                                                                                                                                                                        | 08.01.28     |
| REV.              | DESCRIPTION                               | BY                                                                                                                                                                                                                                                                         | DATE         |
| DESIGN            | AJS                                       | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                   |              |
| DRAWN             | ASS                                       |                                                                                                                                                                                                                                                                            |              |
| CHECKED           | ME                                        |                                                                                                                                                                                                                                                                            |              |
| MFG. APPR.        | ME                                        |                                                                                                                                                                                                                                                                            |              |
| APPROVED          | ME                                        |                                                                                                                                                                                                                                                                            |              |
| DE APPR.          | ME                                        | <b>DART AEROSPACE LTD</b><br><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> |              |
| DATE              | 08.03.05                                  |                                                                                                                                                                                                                                                                            |              |
| DRAWING NO. D3735 |                                           | REV. B                                                                                                                                                                                                                                                                     | SHEET 1 OF 2 |
| TITLE RIB         |                                           | SCALE                                                                                                                                                                                                                                                                      | NTS          |





D3739-1 RIB

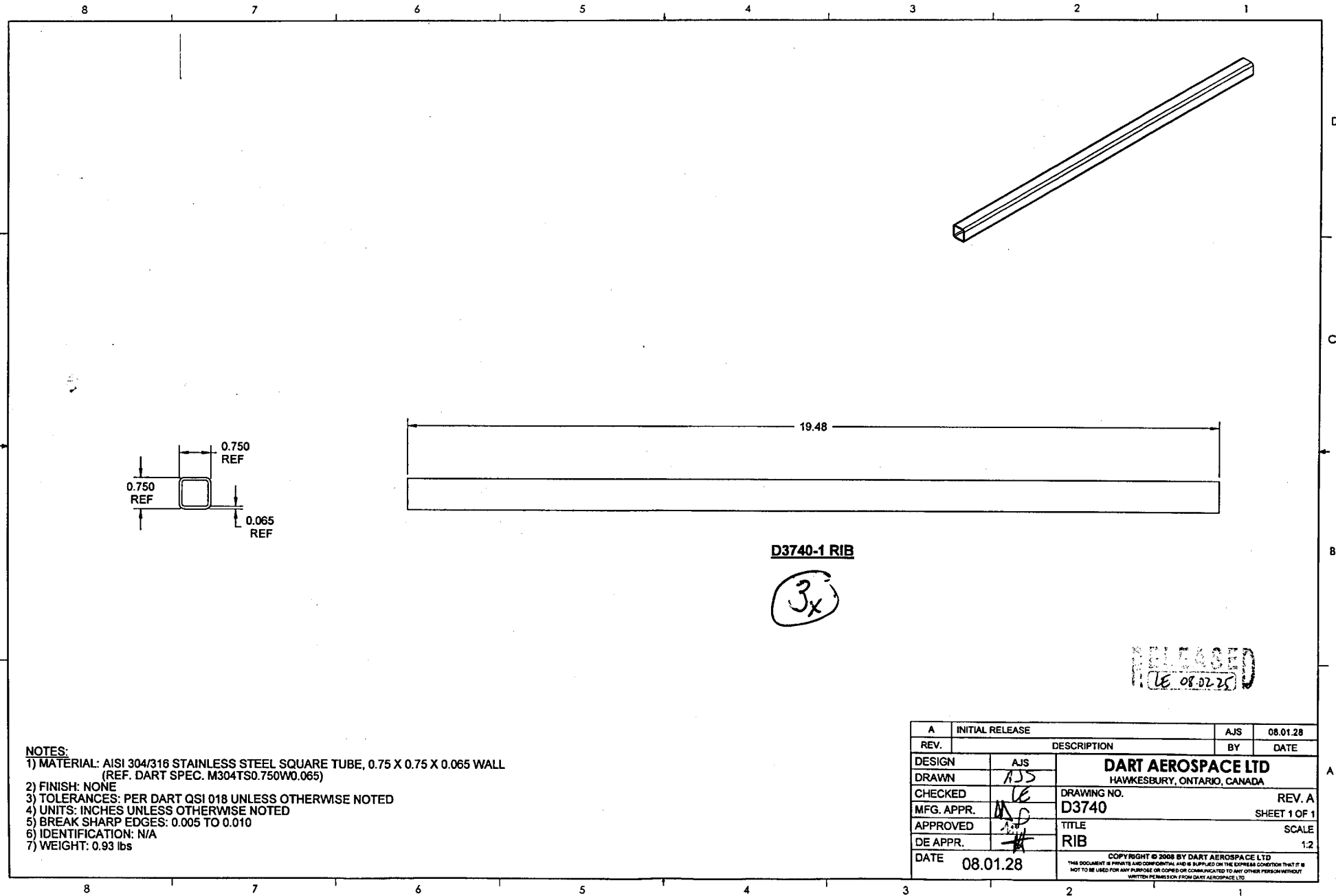
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**NOTES:**

- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL (REF. DART SPEC. M304TS0.750W0.065)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 1.21 lbs

| A INITIAL RELEASE |             | AJS                                                                                                                                                                                                                                                                                        | 08.01.28     |
|-------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| REV.              | DESCRIPTION |                                                                                                                                                                                                                                                                                            | BY DATE      |
| DESIGN            | AJS         | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                   |              |
| DRAWN             | LE          |                                                                                                                                                                                                                                                                                            |              |
| CHECKED           | LE          | DRAWING NO.                                                                                                                                                                                                                                                                                | REV. A       |
| MFG. APPR.        | LE          | D3739                                                                                                                                                                                                                                                                                      | SHEET 1 OF 1 |
| APPROVED          | LE          | TITLE                                                                                                                                                                                                                                                                                      | SCALE        |
| DE APPR.          | LE          | RIB                                                                                                                                                                                                                                                                                        | 1:2          |
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**D3740-1 RIB**

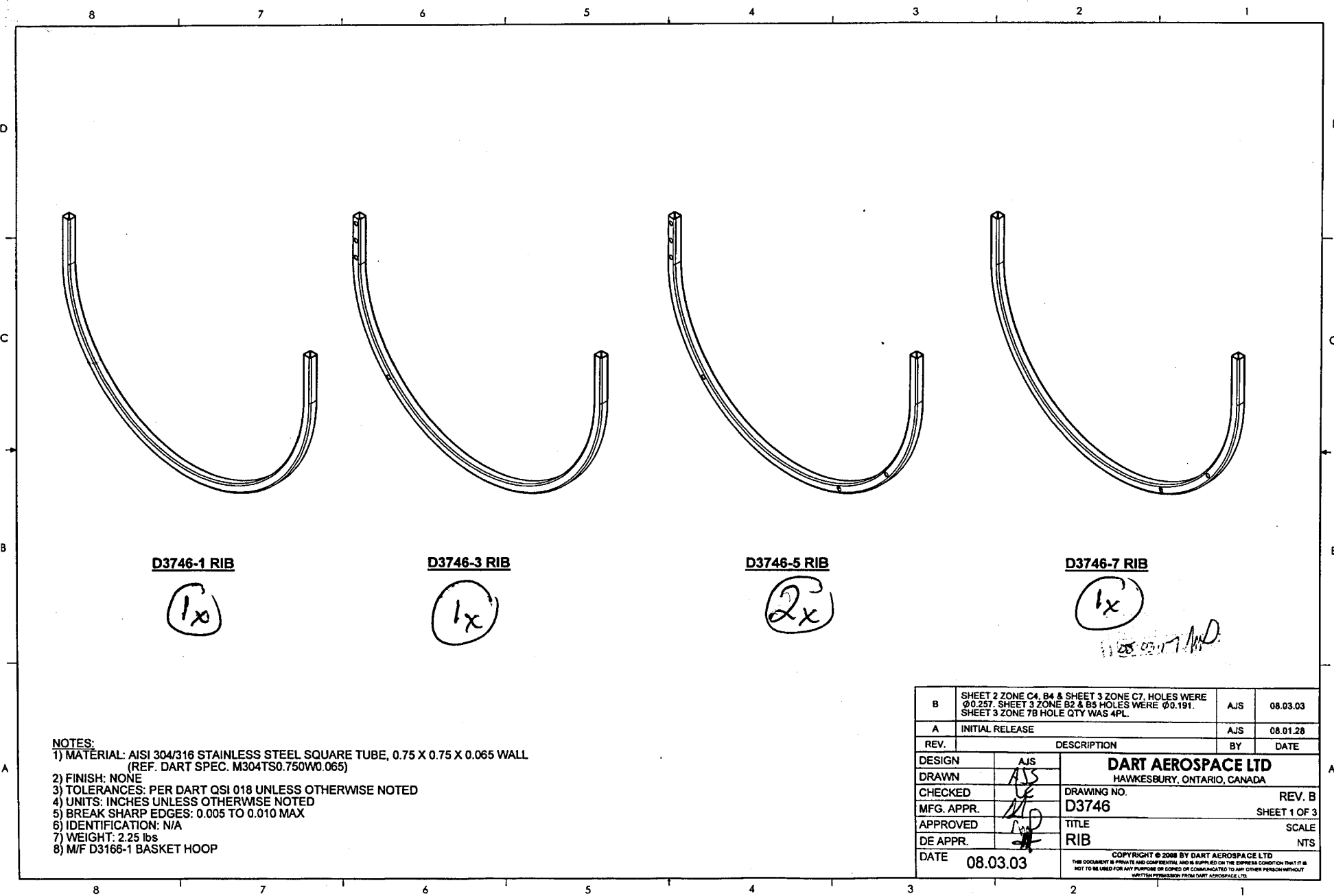
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**NOTES:**

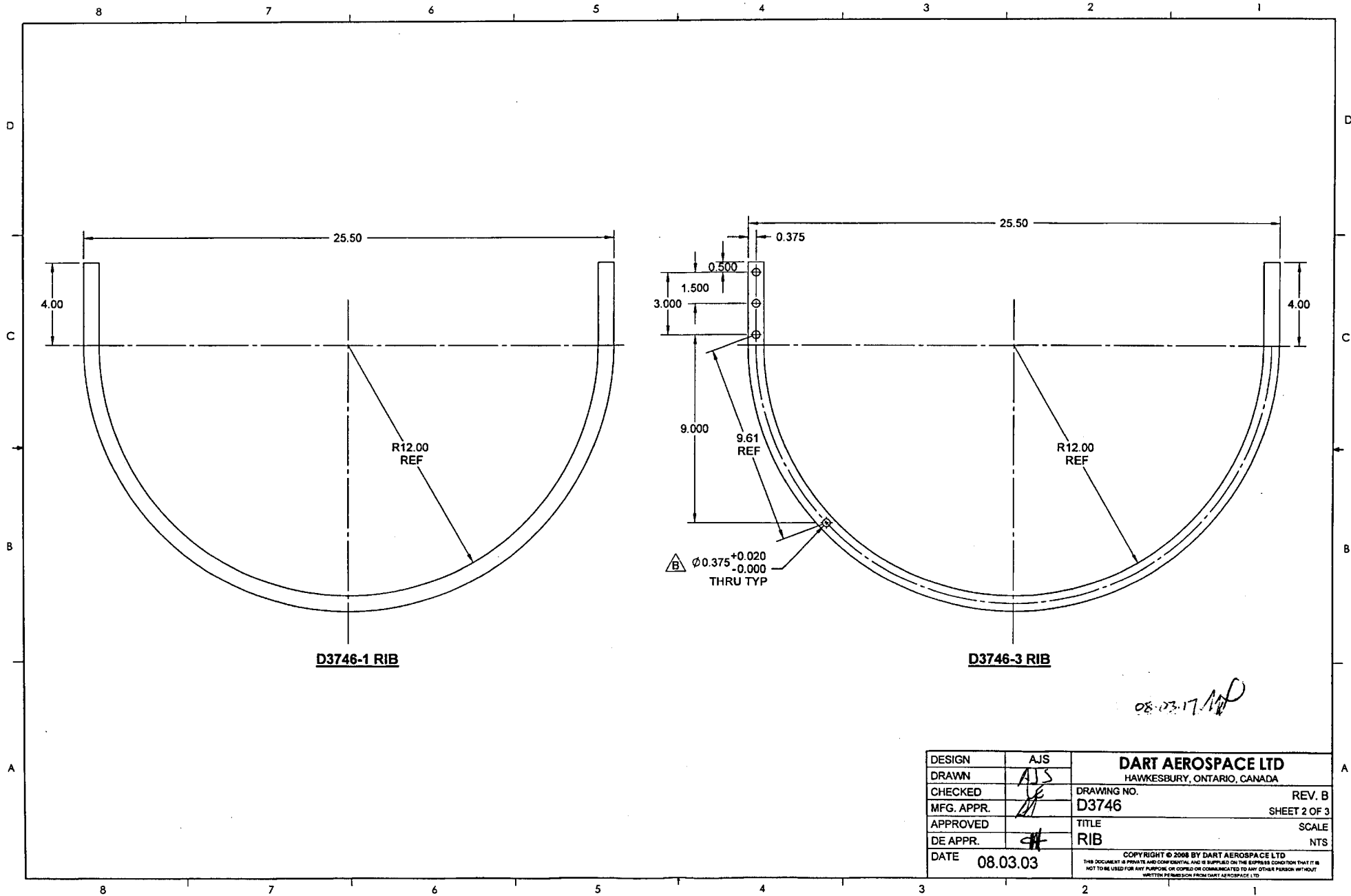
- 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL (REF. DART SPEC. M304TS0.750W0.065)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.93 lbs

|                   |             |                                                                                                                                                                                                                                                                                 |              |
|-------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A INITIAL RELEASE |             | AJS                                                                                                                                                                                                                                                                             | 08.01.28     |
| REV.              | DESCRIPTION |                                                                                                                                                                                                                                                                                 | BY DATE      |
| DESIGN            | AJS         | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                        |              |
| DRAWN             | AJS         |                                                                                                                                                                                                                                                                                 |              |
| CHECKED           | LE          | DRAWING NO.                                                                                                                                                                                                                                                                     | REV. A       |
| MFG. APPR.        | MD          | D3740                                                                                                                                                                                                                                                                           | SHEET 1 OF 1 |
| APPROVED          | MD          | TITLE                                                                                                                                                                                                                                                                           | SCALE        |
| DE APPR.          | MD          | RIB                                                                                                                                                                                                                                                                             | 1:2          |
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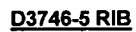


**NOTES:**  
 1) MATERIAL: AISI 304/316 STAINLESS STEEL SQUARE TUBE, 0.75 X 0.75 X 0.065 WALL (REF. DART SPEC. M304TS0.750W0.065)  
 2) FINISH: NONE  
 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED  
 4) UNITS: INCHES UNLESS OTHERWISE NOTED  
 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX  
 6) IDENTIFICATION: N/A  
 7) WEIGHT: 2.25 lbs  
 8) M/F D3166-1 BASKET HOOP

|            |                                                                                                                                     |                                                                                                                                                                                                                                                                          |          |
|------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| B          | SHEET 2 ZONE C4, B4 & SHEET 3 ZONE C7. HOLES WERE Ø0.257. SHEET 3 ZONE B2 & B5 HOLES WERE Ø0.191. SHEET 3 ZONE 7B HOLE QTY WAS 4PL. | AJS                                                                                                                                                                                                                                                                      | 08.03.03 |
| A          | INITIAL RELEASE                                                                                                                     | AJS                                                                                                                                                                                                                                                                      | 08.01.28 |
| REV.       | DESCRIPTION                                                                                                                         | BY                                                                                                                                                                                                                                                                       | DATE     |
| DESIGN     | AJS                                                                                                                                 | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>D3746</b><br>TITLE <b>RIB</b><br>SCALE <b>NTS</b>                                                                                                                                             |          |
| DRAWN      | AJS                                                                                                                                 |                                                                                                                                                                                                                                                                          |          |
| CHECKED    | MD                                                                                                                                  |                                                                                                                                                                                                                                                                          |          |
| MFG. APPR. | MD                                                                                                                                  |                                                                                                                                                                                                                                                                          |          |
| APPROVED   | MD                                                                                                                                  |                                                                                                                                                                                                                                                                          |          |
| DE APPR.   | MD                                                                                                                                  | REV. B SHEET 1 OF 3                                                                                                                                                                                                                                                      |          |
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|               |     |                                                                                                                                                                                                                                                                           |              |
|---------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN        | AJS | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                  |              |
| DRAWN         | AJS |                                                                                                                                                                                                                                                                           |              |
| CHECKED       | LG  | DRAWING NO.                                                                                                                                                                                                                                                               | REV. B       |
| MFG. APPR.    | LG  | D3746                                                                                                                                                                                                                                                                     | SHEET 3 OF 3 |
| APPROVED      |     | TITLE                                                                                                                                                                                                                                                                     | SCALE        |
| DE APPR.      | th  | RIB                                                                                                                                                                                                                                                                       | NTS          |
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